

First Name:		Middle Name:	Last Name:		Date of Birth:	
Current Address:			Apt:	City:	State	Zip:
E-mail:		Home Phone #	Work Phone #		Cell #	
What's the best way to contact you?			Gender:	Race/Ethnicity:	Marital Status:	
Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them						
Please circle highest level of education completed:						
High School		Some College		4 Yr. Degree	Graduate Degree	Post Graduate
Employer:			Occupation/Job Title:		How Long Employed Here:	
May we contact you at work? ___ Yes ___ No		Work Schedule:	Other languages spoken?		Present health, any limitations?	
Have you ever been arrested? ___ Yes ___ No			Have you had any involvement with the police or courts? ___ Yes ___ No			
If you answered yes to either of the two previous questions, please explain:						

REFERENCES: Please clearly type or print contact information for persons who have known you for at least two (2) years. 1st reference must be a spouse or domestic partner.

1. Name:		Years Known	Relationship
(LIST SPOUSE OR DOMESTIC PARTNER IF APPLICABLE OTHERWISE, LIST ANOTHER FAMILY MEMBER)			
Daytime Phone # (including area code)		Alternate Phone #	Email Address:
2. Name		Years Known	Relationship
(LIST CO-WORKER/FRIEND/COMMUNITY REFERENCE)			
Daytime Phone# (including area code)		Alternate Phone #	Email Address
3. Name:		Years Known	Relationship
(LIST NON-RELATIVE)			
Daytime Phone# (including area code)		Alternate Phone #	Email Address

Have you ever been involved with Big Brothers Big Sisters as a: * Big Brother * Big Sister * Little Brother * Little Sister	When and where were you involved with BBBS?
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List any previous volunteer or paid experience you have working with children over the past five years:

For Full-time College Students Only:

Name of School Currently Attending	Degree Pursuing	Expected Date of Graduation
Permanent Address		Permanent Phone Number

Active Military Personnel Only: List Your Permanent Address:

The BBBS Program serves children & teens from primarily single-parent homes that are in need of extra adult support and guidance. There are several volunteer opportunities to choose from. **Let us know which program interests you:**

1. **Community-Based Big Brother Big Sister Program**
You will be "matched" with a child between the ages of 6 and 17. Mentors visit their assigned Little Brother or Sister two to four times per month, usually on the weekends or the evenings. A one-year commitment is required.
2. **Mentoring Children of Promise Program**
This is a special program which matches mentors with children who have an incarcerated mother or father - Mentors visit their assigned Little Brother or Sister two to four times per month, usually on the weekends or evenings for a period of at least one year.
3. **LGBTQ Youth Mentoring Program**
This program matches lesbian, gay, bisexual, transgender, and questioning youth who are in middle or high school with an adult mentor.

For any of the above options, please provide your Driver's License # _____ State _____

4. **School-Based Mentor Program**
You will visit your assigned Little Brother or Little Sister about one hour a week at school. (Not available in all schools.)
If you have a particular school in mind, please list:

Check here if you were referred by a current BBBS Volunteer (name): _____

Check here if you are a member of **RSVP** (Retired Senior Volunteer Program).

I understand that:

- 1) The references I listed may be contacted by telephone, mail or email;
- 2) The information I provided may be used to conduct a background check, which may include driving record check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) Big Brothers Big Sisters of Delaware (BBBSDE) is not obligated to match a volunteer with a child;
- 4) As part of the enrollment processes, it is necessary for me to provide BBBSDE with personal information and this information will be treated confidentially, but may be shared with persons with whom I may be matched (parent/guardian, child);
- 5) BBBSDE records are not available for review by volunteers, children, or parents/guardians. In addition, any personal information a volunteer or parent/guardian learns about other individuals in the program shall be treated in a confidential manner. The agency's complete confidentiality policy is available for review upon request.

Optional Photo Consent: Big Brothers Big Sisters takes photographs which may be used in a newsletter, BBBS Facebook page, etc. By checking this box, I consent for my photo to be used in these ways to promote Big Brothers Big Sisters' mission.

The information provided by me on this form is true to the best of my knowledge.

Signature _____ **Date** _____

Thank you for completing this application!

Once received by your local office, a Case Manager will contact you to schedule your in-person interview.
Visit us at www.bbbsde.org or join us on social media: @bbbsdelaware



CONSENT AND RELEASE FORM

Adult

I, _____, understand that Big Brothers Big Sisters of America (“BBBSA”) and/or its affiliates are seeking to use my image, likeness, name, biographical information, personal characteristics, quotations, writings, information contained in writings, and/or audio or video recordings of me, whether made through BBBSA, through Barkley, Inc. (“Barkley”) or elsewhere (the “Released Material”) for or in BBBSA and/or affiliate publications or productions.

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I further understand that BBBSA may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSA my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA’s and/or its affiliates’ editing, alteration or use of the Released Materials. BBBSA has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates, employees, and agents, as well as Barkley and any partner companies, from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSA’s exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.



I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

YOUR BIG/LITTLE BROTHER/SISTER FULL NAME: _____
(IF APPLICABLE)

BIG BROTHERS BIG SISTERS AGENCY: _____

Please return via fax, mail, or e-mail to:

**Big Brothers Big Sisters of America
Marketing Department
2502 N. Rocky Point Drive, Suite 550
Tampa, FL 33607**

**Email: defendersofpotential@bbbsa.org
Fax: 813.749.9446**



CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize
Client/Client’s Guardian/Volunteer Name

_____, its director or designee to release
Contact Name/Phone Number

information contained in my records on file with that organization to the individual(s) or organization identified below, but only under the conditions described herein.

1. Name of person(s) or organization to whom disclosure is to be made:
Big Brothers Big Sisters of Delaware

2. Specific information to be disclosed: If child/volunteer can maintain an appropriate one on one relationship with a child/volunteer

3. Specific use(s) to be made of the requested information: Eligibility and acceptance in the program

- 4. This consent shall expire upon the occurrence of one or more of the following:
 - A. Date: _____
 - B. Event: _____
 - C. Condition: _____

Signature of client/authorized guardian or volunteer

Witness Signature

Date Signed

Date Witnessed

Big Brothers Big Sisters of Delaware Area Offices

413 Larch Circle Wilmington, Delaware 19804	(302) 998-3577
838 Walker Road, Suite 22-2, Dover, Delaware 19904	(302) 674-2486
111-A North Bedford Street, Georgetown, Delaware 19947	(302) 856-2918

Affiliations: Big Brothers Big Sisters of America, United Way of Delaware, Inc.

Interview Questions

1. Motivation- Why do you want to be a mentor?
2. Occupational Information- Where of you work? What is your profession?
3. How are your Relationships with Friends?
4. How are your Family Relationships?
5. Any other Close Relationships?
6. How do you spend your Leisure Time?
7. How is your Personal Well-being?
8. What is your Experience with Children?
9. What is your volunteer Relationship Expectations?
10. What do you think is your Potential Challenges in a volunteer relationship?
11. What is your Preferences and Expectations of the your volunteer relationship?



Prohibited Travel and Rules Acknowledgement

I, _____, serving as a (circle one) volunteer/family member/staff member/participant in the Big Brothers Big Sisters of Delaware program, acknowledge that certain travel is prohibited as part of the program. This includes overnight travel of any kind, traveling outside of the state of Delaware or camping. It is also prohibited to conduct any mentoring hours at a Bigs house. Bigs are prohibited to take siblings who are not enrolled in the BBS of Delaware program. It is prohibited for parents and Bigs to schedule mentor hours beyond a 2- hour period, unless attending an event that exceeds the 2-hour limit. Bigs are prohibited from offering childcare services beyond the scope of 2-hours. All parents should be available during mentee hours in case of an emergency.

General Travel guidelines are as follows:

- 1) It is essential to have safe and responsible transportation for all activities.
- 2) Drivers are expected to follow all applicable traffic laws and not drive if impaired or distracted—for example texting, while driving.
- 3) All drivers must have a valid driver's license that has not been suspended or revoked, including a Commercial Driver's License (CDL) when required.
- 4) Youth drivers are prohibited. Must be 18 years of age or older.
- 5) The use of private aviation for transportation is prohibited.
- 6) Motor vehicles used to transport youths should include a complete Pre-Trip Transportation Inspection before travel. This includes correcting all deficiencies.
- 7) All occupants must wear factory-installed seatbelts. This includes the use of appropriate car seats if applicable for youth.
- 8) All vehicles must be covered by automobile liability insurance with limits that meet or exceed the requirements of the state in which the vehicle is licensed. It is recommended, however, that coverage limits are at least \$100,000 combined single limit.

I recognize the liability associated with any violation of this agreement and understand that any violation will terminate my relationship with the BBBS DE program.

Name: _____

Staff Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____